

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2391SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/22/2009
NAME OF PROVIDER OR SUPPLIER TLC CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 W WARM SPRINGS RD HENDERSON, NV 89014		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>Surveyor: 26855</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/22/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00023139 was substantiated with deficiencies cited. (See Tags Z141 and Z150)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	Z 000		
Z141 SS=D	<p>NAC 449.7445 Rights of Patients</p> <p>2. In addition to the rights set forth in NRS 449.710 and 449.720, a patient in a skilled nursing facility has the right to:</p> <p>a) Receive care in a manner and environment that maintains and enhances each patient's</p>	Z141		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z141	Continued From page 1 dignity with respect to each patient's individuality. b) Exercise his rights without the threat of interference, coercion, discrimination or reprisal. c) Choose his attending physician. d) Be fully informed, in a language that the patient understands, of his total health status, including, without limitation, his medical condition. e) Participate in decisions relating to his health care, unless he is unable to do so because he is incompetent or incapacitated. f) Receive services with reasonable accommodation for his individual needs and preferences, unless the health or safety of the patient or other patients would be endangered. g) Privacy in relation to his accommodations, personal care, written and oral communications and meetings with other persons. The provisions of the paragraph do not require a facility for skilled nursing to provide a private room to each patient. h) File grievances with the facility without the threat of discrimination or reprisal and to the prompt resolution of those grievances. Such grievances include, without limitation, complaints relating to treatment that has been furnished or not furnished and the behavior of other patients. i) Use a telephone where calls can be made without being overheard, j) Retain and use personal possessions as space allows, including, without limitation, furniture and clothing, unless to do so would infringe upon the rights or threaten the health and safety of other patients. k) Share a room with his or her spouse if both spouses reside in the facility and consent to the arrangement. l) Manage his financial affairs. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and document	Z141			

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Z141	Continued From page 2 review the facility failed to protect and promote the visiting rights of a resident by not allowing an immediate family member to visit on off hours to assist with the resident's care. Severity: 2 Scope: 1	Z141		
Z150 SS=D	NAC 449.74447 Communications 1. A facility for skilled nursing shall not prohibit a patient in the facility from contacting, receiving information from or speaking to: a) A representative of the bureau. b) The patient's physician. c) Any person who advocates for the rights of the patients of the facility, including, without limitation: 1) Advocates for residents of facilities for long-term care appointed pursuant to chapter 427A of NRS; and 2) Persons who advocate for and are responsible for the protection of persons with developmental disabilities or who are mentally ill. d) Any person who provides health care, social, legal or other services to the patient. e) The relatives of the patient. f) Any other persons, with whom the patient wishes to visit. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review and document review the facility failed to allow the resident contact and visitation with an immediate family member at any time, who was an advocate of the resident and involved in the resident's care. Severity: 2 Scope: 1	Z150		

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